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APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2003 UBR

200014558542

03/24/03--01086--006 **253.75

CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *W99000002793*

1. Corporation Name
Central Florida Strike Force Inc

2. Principal Office Address <i>1359 Fair Oaks Ave</i> Suite, Apt. #, etc.	3. Mailing Office Address <i>1359 Fair Oaks Ave</i> Suite, Apt. #, etc.
City & State <i>Kissimmee FL</i>	City & State <i>Kissimmee FL</i>
Zip <i>34744</i> Country <i>USA</i>	Zip <i>34744</i> Country <i>USA</i>

4. Date incorporated or Qualified To Do Business in Florida *5/99*

5. FEI Number <i>59-3577287</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name *James Gardner*

Street Address (P.O. Box Number is Not Acceptable)
1359 Fair Oaks Ave

Suite, Apt. #, Etc.

City *Kissimmee* **State** *FL* **Zip Code** *34744*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **Date** *1/30/03*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P/D</i>	<i>James Gardner</i>	<i>1359 Fair Oaks Ave</i>	<i>Kissimmee, FL 34744</i>
<i>S/D</i>	<i>Loretta Gardner</i>	<i>1359 Fair Oaks Ave</i>	<i>Kissimmee, FL 34744</i>
<i>V/D</i>	<i>Edward Gardner</i>	<i>1359 Fair Oaks Ave</i>	<i>Kissimmee, FL 34744</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Loretta Gardner* **Date** *1/30/03* **Daytime Phone #** *407-973-1940*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25081 (11/02)

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CENTRAL FLORIDA STRIKE FORCE Inc.
James Gardner
1359 Fair Oaks Ave.
Kissimmee, Fl 34744
January 30, 2003

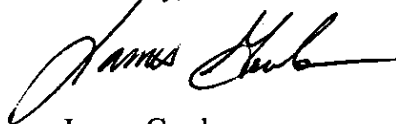
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To whom it may concern:

I am asking for an exemption from the \$175.00 reinstatement fee. We are a Youth Sports Group, and we are all volunteers. The address changed and we never received a renewal form, and no one realized it until recently. Please grant us this exemption.

Thank you in advance for all your cooperation.

Sincerely,



James Gardner
President

1-30-03
JAMES GARDNER